

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445427	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2015
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the corridor doors.</p> <p>The finding included:</p> <p>Observation on 4/27/2015 at 10:46 a.m., revealed the resident door had more than a 1/2 inch gap at the top of the doors in the following locations:</p> <ul style="list-style-type: none"> a. 305. b. 104, 108, and 111. c. 204 and 206. d. 608 and 602. e. 404. <p>National Fire Protection Association (NFPA) 101,</p>	K 018	<p>NFPA 101</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted 19.3.6.3</p> <p>Corrective Actions:</p> <ol style="list-style-type: none"> 1. On 5/10/2015 Maintenance director made repairs to the doors to the following locations by adding URL approved weather stripping. <ul style="list-style-type: none"> a. 305 b. 104, 108, 111 c. 204 and 206 d. 608 and 602 e. 404 2. The maintenance director and Administrator completed a 100% audit for all doors. No other gaps were found more than 1/2 inch. 3. Administrator inserviced Maintenance director on 5/15/2015 to inspect corridor doors on a monthly rounds. 		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 19.3.6.3.1, 2000 Edition. This was verified by the maintenance director and acknowledge by the administrator during the exit conference on 4/27/2015.	K 018	4. The Administrator will monitor for compliance through monthly rounds. Findings will be reported to the maintenance director.	5/15/2015	
K 069 SS-D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observations and document review, the facility failed to maintain the cooking appliances. The finding included: Document review on 4/27/2015 at 12:30 p.m., revealed the facility failed to provide documentation for the kitchen suppression system (inspection) during 2014. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 4/27/2015.	K 069	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3 19.3.2.6, NFPA 96. Corrective action: 1. On 4/28/2015 a call was placed to Allgood fire protection by the Maintenance director and a Kitchen Suppression inspection has been scheduled 5/29/2015. 2. On 5/1/2015 Administrator and Maintenance director completed rounds in kitchen to check cooking appliances 3. The Maintenance Director was in-serviced on 5/15/2015 by the administrator to maintain cooking appliances and obtain all documents. 4. The Administrator will monitor kitchen appliances for compliance by rounding, observation and documentation monthly review x6 months.	5/29/2015	